

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF MISSOURI  
WESTERN DIVISION

Syretta McBee

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Quest Diagnostics  
Susan Oberle

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

20-cv-884-RK

**Complaint for Employment  
Discrimination**

Case No. 543-2020-01721  
(to be filled in by the Clerk's Office)

**REQUEST FOR TRIAL BY JURY**

Plaintiff requests trial by jury. ☒ Yes ☐ No

**I. The Parties to This Complaint**

**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Syretta McGee  
Street Address 1324 Georgia Avenue  
City and County Kansas City Wyandotte  
State and Zip Code Kansas 66104  
Telephone Number 913 306 0111  
E-mail Address Syretta.mcgee@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name Quest Diagnostics  
Job or Title  
(if known) \_\_\_\_\_  
Street Address 2700 Clay Edwards Drive Ste 350  
City and County North Kansas City, MO Jackson  
State and Zip Code MO 64116  
Telephone Number \_\_\_\_\_  
E-mail Address  
(if known) \_\_\_\_\_

**Defendant No. 2**

Name Susan Oberke  
Job or Title  
(if known) Supervisor  
Street Address 9361 W 75<sup>th</sup> Bldg 5  
City and County Overland Park, KS Johnson

State and Zip Code Kansas 66204  
Telephone Number 913 234 6303  
E-mail Address \_\_\_\_\_  
(if known)

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name Quest Diagnostics  
Street Address 2700 Clay Edwards Dr. St. 350  
City and County North Kansas City - Jackson  
State and Zip Code MO 64116  
Telephone Number 816.421.7383

**II. Cause of Action**

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☐ Other federal law (*specify the federal law*):  
\_\_\_\_\_
- ☐ Missouri Human Rights Act, Missouri Revised Statute § 213.055
- ☐ Other state law (*specify, if known*):  
\_\_\_\_\_
- ☐ Relevant city or county law (*specify, if known*):  
\_\_\_\_\_

### III. Administrative Procedures

- A. Did you file a charge of discrimination against Defendant(s) with the Equal Employment Opportunity Commission or other federal agency?

☒ Yes      Date filed: 8/11/2020  
☐ No

*Attach copy of the charge to this Complaint*

- B. Have you received a Notice of Right-to-Sue Letter from the Equal Employment Opportunity Commission?

☒ Yes      ☐ No

*If yes, please attach a copy of the letter to this Complaint.*

- C. Did you file a charge of discrimination against Defendant(s) with the Missouri Commission on Human Rights?

☐ Yes      Date filed: \_\_\_\_\_  
☒ No

*Attach copy of the charge to this Complaint*

- D. Have you received a Notice of Right-to-Sue Letter from the Missouri Human Rights Commission?

☐ Yes      ☒ No

*If yes, please attach a copy of the letter to this Complaint.*



E. If you are claiming **age discrimination**, check one of the following:

☐ 60 days or more have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission.

☐ fewer than 60 days have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission

#### IV. Statement of Claim

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☐ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Harassment/Hostile Work Environment
- ☐ Other acts (*specify*): \_\_\_\_\_

(*Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.*)

B. It is my best recollection that the alleged discriminatory acts occurred on the following date(s):

2.1.2019 - 8.19.2019

C. I believe that defendant(s) (*check one*):

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

<input checked="checked" type="checkbox"/>	race	<u>Black</u>
<input type="checkbox"/>	color	_____
<input type="checkbox"/>	gender/sex	_____
<input type="checkbox"/>	religion	_____
<input type="checkbox"/>	national origin	_____
<input type="checkbox"/>	age. My year of birth is _____.	(Give your year of birth only if you are asserting a claim of age discrimination.)
<input type="checkbox"/>	disability or perceived disability (specify disability)	_____

E. Write a short and plain statement of FACTS that support your claim. Do not make legal arguments. You must include the following information:

- What happened to you?
- What injuries did you suffer?
- Who was involved in what happened to you?
- How were the defendants involved in what happened to you?
- Where did the events you have described take place?
- When did the events you have described take place?

If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I went to my supervisor for help regarding my being harassed by my white co-workers.. and in return my white supervisor asked me to be my white co-workers servant. I told her that was very inappropriate and she told me that's not what she meant. I went to her supervisor and also HR.. nothing has happened. This took place at Quest Diagnostics. I suffered alienation + psychological trauma.

V. Relief

As relief from the allegations of discrimination as stated above, Plaintiff prays that the court grant the following relief to Plaintiff: (check any and all that apply)

- ☐ Defendant be directed to employ Plaintiff
- ☐ Defendant be directed to re-employ Plaintiff
- ☐ Defendant be directed to promote Plaintiff
- ☐ Defendant be directed to \_\_\_\_\_
- ☒ Monetary damages (please explain): She should pay for what she said to me
- ☐ As additional relief to make Plaintiff whole, Plaintiff seeks (please specify and explain):

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Nov 3, 2020

Signature of Plaintiff

Printed Name of Plaintiff

Syretta McCre  
Syretta McCre